

Verde H. Wallace  
Federal Springs

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTQ-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/554518

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						T TAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	13						T TAL CLAIMS						

BEST AVAILABLE COPY